

## State of California **Secretary of State**

## FOREIGN LIMITED PARTNERSHIP **APPLICATION FOR REGISTRATION**

CITY/STATE/ZIP [Chicago, IL 60601

200 E. Randolph, Suite 4322

**APDRESS** 

LP-5 (REV 03/2005)

200532600002

File#

NOV 2 1 2005

By: LaSalle Hotel Properties,

VICEPRESIDENT & ASST SEC.

APPROVED BY SECRETARY OF STATE

Bu: Robert K Hagan

A \$70.00 filing fee must accompany this form.						
	IMPORTANT – Read instructions before completing this	form.	This S	Space For Filing Use Only		
ΕN	ITITY NAME (End the name in Item 1 with the words "Limited Partnership	p" or the abbrevia	tion "L.P.")	<u> </u>	_	
1	NAME UNDER WHICH THE FOREIGN LIMITED PARTNERSHIP PROPOSES TO REGISTER AND TRANSACT BUSINESS IN CALIFORNIA LHO Le Parc, L.P.					
2.	NAME OF THE FOREIGN LIMITED PARTNERSHIP, IF DIFFERENT FROM T	HAT ENTERED IN	NITEM 1 ABOVE		_	
OF	FICE ADDRESSES (Do not abbreviate the name of the city.)				-	
3.	ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE	-	CITY AND ST	ATE ZIP CODE		
	3 Bethesda Metro Center, Suite 1200		Bethesda, MD	20814		
4.	ADDRESS OF THE PRINCIPAL OFFICE IN CALIFORNIA, IF ANY		CITY	STATE ZIP CODE  CA		
DΑ	TE AND PLACE OF ORGANIZATION				_	
5.	THIS FOREIGN LIMITED PARTNERSHIP WAS FORMED ON 11 (MONTH)		5 IN	Delaware (STATE OR COUNTRY)		
	AND IS AUTHORIZED TO EXERCISE IT'S POWERS AND PRIVILEGES IN THE	HAT STATE OR CO	OUNTRY.			
the	ENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent is a corporation, the agent must have on file with the California Second 6 must be completed (leave Item 7 blank).)  NAME OF AGENT FOR SERVICE OF PROCESS  Corporation Service Company which will do business in Californ	cretary of State a	certificate pursuant to	Corporations Code section 1505 and	-	
7.	IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN I	·	CITY	STATE ZIP CODE  CA	_	
API	POINTMENT (The following statement is required by statute and may not	t be altered )			-	
	IN THE EVENT THE ABOVE AGENT FOR SERVICE OF PROCESS RESIG SERVED WITH THE EXERCISE OF REASONABLE DILIGENCE. THE SECRI AS THE AGENT FOR SERVICE OF PROCESS OF THIS FOREIGN LIMITED I	ONS AND IS NOT	REPLACED, OR IF TO OF THE STATE OF C	HE AGENT CANNOT BE FOUND OR CALIFORNIA IS HEREBY APPOINTED	_	
GE	NERAL PARTNERS (Enter the names and addresses of all of the gener	ral partners. Atta	ch additional pages, if	necessary.)		
a.	NAME ADDRESS		CITY AND STATE	ZIP CODE		
	LHO Le Parc, L.L.C. 3 Bethesda Metro Center	Bet	hesda, MD	20814		
b.	NAME ADDRESS	С	CITY AND STATE	ZIP CODE		
XE	ECUTION				_	
0.	DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH					
	SIGNATURE OF GENERAL PARTNER DATE		K. Hagan, Vice Pre			
E1	TURN TO (Enter the name and the address of the person or firm to whom	a copy of the file	d document should be	returned.)	-	
	NAME   Elizabeth Machaj	אָרָ <del>(קבב ,                                  </del>	E By: LHO Le Parc	ilic, its general partner	_	
	FIRM Hagan & Vidovic LLP	'	By: LaSalle H	botel Operating Partnership.LP		